

FORM LM-30

LABOR ORGANIZATION OFFICER AND EMPLOYEE REPORT

Form approved
Office of Management
and Budget
No. 1215-0188
Expires 11-30-2006

This report is mandatory under P.L. 86-257, as amended. Failure to comply may result in criminal prosecution, fines, or civil penalties as provided by 29 U.S.C 439 or 440.



READ THE INSTRUCTIONS CAREFULLY BEFORE PREPARING THIS REPORT.

1. File Number U - <u>8810</u>	2. Fiscal Year Covered From: <u>01 / 01 / 2004</u> Through: <u>12 / 31 / 2004</u>
3. Name and address of person filing. Name <u>SEAN A BRENNAN</u> P.O. Box, Bldg., Room No., if any _____ Street <u>1600 WALT WHITMAN RD</u> City <u>MELVILLE</u> State <u>NEW YORK</u> ZIP Code + 4 <u>11747</u>	4. Name, file number, and address of labor organization. Name <u>GENERAL BUILDING LABORERS' LOCAL UNION #66</u> Labor Organization File Number <u>026-302</u> P.O. Box, Building and Room Number, if any _____ Street <u>1600 WALT WHITMAN RD.</u> City <u>MELVILLE</u> State <u>NEW YORK</u> ZIP Code + 4 <u>11747</u>
5. Position in labor organization. <u>AUDITOR (OFFICER)</u>	

Enter appropriate data below if, during the past fiscal year, you or your spouse or minor child directly or indirectly had any of the following interests (except as specified in the exclusions set forth in the instructions):

A. Held an interest in, engaged in transactions (including loans) with, or derived income or other economic benefit of monetary value from an employer whose employees your organization represents or is actively seeking to represent.	
6. Name and address of Employer (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	7.a. Nature of Interest, Transaction, or Income. _____ 7.b. Amount. _____

Signature

15. Signature and verification. The undersigned declares, under penalty of Perjury and other applicable penalties of the law, that all of the information submitted in this report (including the information contained in any accompanying documents), has been examined by the signatory and is, to the best of the undersigned's knowledge and belief, true, correct, and complete. (See the section on penalties in the instructions.)

Signed Sean A. Brennan

On 8/11/05
Date

631-454-2330
Telephone Number

Name of Person Filing <u>SEAN BRENNAN</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value **from a business** (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>GENERAL BUILDING LABORERS' LOCAL UNION No. 66 TRAINING FUND</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>1600 WAT WINDMAN RD.</u> City <u>MERVILLE</u> State <u>NEW YORK</u> ZIP Code + 4 <u>11747</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b or 9.c. is checked give trust or employer's name. Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
11.b. Approximate dollar value of such dealing.	12.a. Nature of interest held or income received. <u>TRAINING DIRECTOR '04</u> <u>VEHICLE EXPENSES</u> <u>FUEL, REPAIRS, TOLLS, EQUIPMENT,</u> <u>ETC.</u>
12.b. Amount.	<u>\$3591.96</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment <div style="border: 1px solid black; height: 40px; width: 100%;"></div>

Name of Person Filing <u>SEAN BRENNAN</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

<p>8. Name and address of Business (including trade name, if any).</p> <p>Name <u>GENERAL BUILDING LABORERS' LOCAL UNION No. 666 TRAINING FUND</u></p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any:</p> <p>Street <u>1600 WALT WHITMAN RD</u></p> <p>City <u>MERVILLE</u></p> <p>State <u>NEW YORK</u> ZIP Code + 4 <u>11747</u></p>	<p>9. Business deals with:</p> <p><input checked="" type="checkbox"/> a. Labor Organization</p> <p><input type="checkbox"/> b. Trust</p> <p><input type="checkbox"/> c. Employer</p>
<p>10. If 9.b. or 9.c. is checked give trust or employer's name.</p> <p>Name:</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any:</p> <p>Street:</p> <p>City:</p> <p>State: ZIP Code + 4:</p>	<p>11.a. Nature of such dealing.</p> <p>11.b. Approximate dollar value of such dealing.</p> <p>12.a. Nature of interest held or income received.</p> <p><u>COMPENSATION AS TRAINING DIRECTOR</u></p> <p>12.b. Amount. <u>110459.84</u></p>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p> <p>Name:</p> <p>Trade Name, if any:</p> <p>P.O. Box, Bldg., Room No., if any:</p> <p>Street:</p> <p>City:</p> <p>State: ZIP Code + 4:</p>	<p>14.a. Nature of payment.</p> <p>14.b. Amount of payment.</p>
<p>13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?</p>	

<p>C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.</p>					
<p>13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).</p>			<p>14.a. Nature of payment.</p>		
<p>Name _____</p>					
<p>Trade Name, if any: _____</p>					
<p>P.O. Box, Bldg., Room No., if any _____</p>					
<p>Street _____</p>					
<p>City _____</p>					
<p>State _____ ZIP Code + 4 _____</p>					
<p>13.b. Is the Business an Employer _____ or Consultant _____ ?</p>			<p>14.b. Amount of payment _____</p>		

Name of Person Filing <u>SEAN BRENNAN</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>LABORERS' INTERNATIONAL UNION OF NORTH AMERICA TRI-FUNDS</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>905 16TH STREET NW</u> City <u>WASHINGTON</u> State <u>D. C.</u> ZIP Code + 4 <u>20004</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
11.b. Approximate dollar value of such dealing.	12.a. Nature of interest held or income received. <div style="text-align: center; padding: 20px;"> <p><i>AS TRAINING DIRECTOR</i> <i>ATTENDED CONFERENCE</i> <i>RECEPTION - MEAL</i></p> </div>
12.b. Amount.	<div style="text-align: right; padding-right: 20px;"> <u>\$ 35.00</u> </div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

Name of Person Filing <u>SEAN BRENNAN</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any) Name <u>GENERAL BUILDING LABORERS' LOCAL UNION No. 66 TRAINING FUND</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>1600 WALT WHITMAN RD.</u> City <u>MELVILLE</u> State <u>NEW YORK</u> ZIP Code + 4 <u>11747</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. \$805.02 12.a. Nature of interest held or income received. <u>AS TRAINING DIRECTOR</u> <u>ATTENDED OUT OF TOWN</u> <u>CONFERENCE & TRUSTEE MEETING -</u> <u>LODGING, MEAL, PARKING</u> 12.b. Amount. \$805.02

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	14.a. Nature of payment. 14 b. Amount of payment
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Name of Person Filing <u>SEAN BRENNAN</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>GENERAL BUILDING LABORERS' LOCAL UNION No. 666 TRAINING FUND</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>1600 WALT WHITMAN RD</u> City <u>MELVILLE</u> State <u>NEW YORK</u> ZIP Code + 4 <u>11747</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. _____ 12.a. Nature of interest held or income received. <u>As TRAINING DIRECTOR /</u> <u>APPRENTICESHIP COORDINATOR</u> <u>ATTENDED OUT OF TOWN</u> <u>APPRENTICESHIP MEETING -</u> <u>TRAVEL, LODGING, MEALS</u> 12.b. Amount. <u>\$ 619.82</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. 14.b. Amount of payment _____
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Name of Person Filing <u>SEAN BRENNAN</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>GENERAL BUILDING LABORERS' LOCAL UNION No. 66 WELFARE FUND</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>1600 WALT WHITMAN RD</u> City <u>MELVILLE</u> State <u>NEW YORK</u> ZIP Code + 4 <u>11747</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
11.b. Approximate dollar value of such dealing.	12.a. Nature of interest held or income received. <u>AS TRAINING DIRECTOR -</u> <u>ATTENDED A LUNCHEON -</u> <u>METAL</u>
12.b. Amount.	<u>\$58.33</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

Name of Person Filing <u>SEAN BRENNAN</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>GREATER NEW YORK LABORERS - EMPLOYERS COOPERATION & EDUCATION TRUST</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>SUITE 1100</u> Street <u>266 WEST 37TH STREET</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10018</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
11.b. Approximate dollar value of such dealing.	12.a. Nature of interest held or income received. <u>AS TRAINING DIRECTOR -</u> <u>ATTENDED A LUNCHEON -</u> <u>METHUEN</u>
12.b. Amount.	<u>\$ 35.00</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

Name of Person Filing <u>SEAN BRENNAN</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>GENERAL BUILDING LABORERS' LOCAL UNION No. 66 TRAINING FUND</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>1600 WALT WHITMAN RD</u> City <u>MELVILLE</u> State <u>NEW YORK</u> ZIP Code + 4 <u>11747</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9 b. or 9 c. is checked give trust or employer's name. Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
11.b. Approximate dollar value of such dealing.	12.a. Nature of interest held or income received. <u>AS TRAINING DIRECTOR/ APPRENTICESHIP COORDINATOR/ INSTRUCTOR - ATTENDED OUT OF TOWN TRAINING PROGRAM - TRAVEL FARE</u> 12.b. Amount. <u>\$219.20</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	14 a. Nature of payment. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
13 b. Is the Business an Employer _____ or Consultant _____ ?	14 b. Amount of payment.

Name of Person Filing <u>SEAN BRENNAN</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>NEW JERSEY LABORERS' EMPLOYERS' COOPERATION AND EDUCATION TRUST</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>SUITE 301</u> Street <u>104 INTERCHANGE PLAZA</u> City <u>MOORE TOWNSHIP</u> State <u>NEW JERSEY</u> ZIP Code + 4 <u>08831</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
11.b. Approximate dollar value of such dealing.	12.a. Nature of interest held or income received. <u>AS TRAINING DIRECTOR -</u> <u>ATTENDED OUT OF TOWN</u> <u>CONFERENCE - MEAL</u>
12.b. Amount.	<u>\$141.53</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

Name of Person Filing <u>SEAN BRENNAN</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any).

Name LABORERS - APC EDUCATION AND TRAINING FUND
 Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street 37 DEERFIELD RD.

City POMFRET CENTER

State CONNECTICUT ZIP Code + 4 06259

9. Business deals with:

- ☒ a. Labor Organization
☐ b. Trust
☐ c. Employer

10. If 9.b. or 9.c. is checked give trust or employer's name.

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

11.a. Nature of such dealing.

11.b. Approximate dollar value of such dealing.

12.a. Nature of interest held or income received.

AS TRAINING DIRECTOR -
ATTENDED 2 RECEPTIONS
AT OUT OF TOWN TRAINING
PROGRAM - MEALS

12.b. Amount.

\$60.00

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any).

Name

Trade Name, if any:

P.O. Box, Bldg., Room No., if any

Street

City

State ZIP Code + 4

14.a. Nature of payment.

13.b. Is the Business an Employer ☐ or Consultant ☐ ?

14.b. Amount of payment.

Name of Person Filing <u>SEAN BRENNAN</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>GENERAL BUILDING LABORERS LOCAL UNION NO. 66 TRAINING FUND</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>1600 WALT WHITMAN RD.</u> City <u>MELVILLE</u> State <u>NEW YORK</u> ZIP Code + 4 <u>11747</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
11.b. Approximate dollar value of such dealing.	12.a. Nature of interest held or income received. <u>AS TRAINING DIRECTOR - ATTENDED OUT OF TOWN CONFERENCE - LODGING, MEALS</u> <div style="text-align: right; font-size: 1.2em;">\$ 502.36</div>
12.b. Amount.	<div style="text-align: right; font-size: 1.2em;">\$ 502.36</div>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	14 a. Nature of payment. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
13 b. Is the Business an Employer _____ or Consultant _____ ?	14 b. Amount of payment

Name of Person Filing <u>SEAN BRENNAN</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8 Name and address of Business (including trade name, if any). Name <u>GENERAL BUILDING LABORERS' LOCAL UNION No. 66 TRAINING FUND</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>1000 WALT WHITMAN RD</u> City <u>MEZVILLE</u> State <u>NEW YORK</u> ZIP Code + 4 <u>11747</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9 b. or 9.c. is checked give trust or employer's name. Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
11.b. Approximate dollar value of such dealing.	12.a. Nature of interest held or income received. <u>AS TRAINING DIRECTOR/APPRENTICESHIP COORDINATOR/INSTRUCTOR - ATTENDED OUT OF TOWN TRAINING PROGRAM - LODGING & MEALS</u>
12.b. Amount.	<u>\$1037.35</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13 a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	14 a. Nature of payment. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
13 b. Is the Business an Employer _____ or Consultant _____ ?	14 b. Amount of payment.

Name of Person Filing <u>SEAN BRENNAN</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>GENERAL BUILDING LABORERS LOCAL UNION No. 66 TRAINING FUND</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>1000 WAT WHITMAN RD</u> City <u>MERVILLE</u> State <u>NEW YORK</u> ZIP Code + 4 <u>11747</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. _____ 12.a. Nature of interest held or income received. <u>AS TRAINING DIRECTOR/</u> <u>APPRENTICESHIP COORDINATOR-</u> <u>ATTENDED OUT OF TOWN STATE</u> <u>APPRENTICESHIP MEETING -</u> <u>LODGING, MEALS</u> 12.b. Amount. <u>\$219.79</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.	
13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	14.a. Nature of payment. 14.b. Amount of payment. _____
13.b. Is the Business an Employer _____ or Consultant _____ ?	14.b. Amount of payment. _____

Name of Person Filing <u>SEAN BRENNAN</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>GREATER NEW YORK LAWYERS' EMPLOYERS' COOPERATION AND EDUCATION TRUST</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any <u>SUITE 1100</u> Street <u>266 WEST 37TH STREET</u> City <u>NEW YORK</u> State <u>NEW YORK</u> ZIP Code + 4 <u>10018</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
11.b. Approximate dollar value of such dealing.	12.a. Nature of interest held or income received. <u>AS TRAINING DIRECTOR -</u> <u>ATTENDED A DINNER</u> <u>HONORING RETIREE - METAL</u>
12.b. Amount.	<u>\$56.44</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment.

Name of Person Filing <u>SEAN BRENNAN</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>GREATER NEW YORK LABORERS' - EMPLOYERS' COOPERATION AND EDUCATION FUND</u> Trade Name, if any: <u>GREATER NY LEDET</u> P.O. Box, Bldg., Room No., if any: <u>SUITE 1100</u> Street: <u>246 WEST 37TH STREET</u> City: <u>NEW YORK</u> State: <u>NEW YORK</u> ZIP Code + 4: <u>10018</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 100px; width: 100%;"></div> 11.b. Approximate dollar value of such dealing. _____ 12.a. Nature of interest held or income received. <u>AS TRAINING DIRECTOR - PARTICIPATED IN GOLF OUTING AT WHICH GNY LEDET PAID ENTRY FEE - ROUND OF GOLF, MEALS</u> 12.b. Amount. <u>\$ 75.00</u>

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 150px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. _____

Name of Person Filing <u>SEAN BRENNAN</u>	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name <u>GENERAL BUILDING LABORERS LOCAL UNION No. 66 TRAINING FUND</u> Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street <u>1600 WANT WHITMAN RD</u> City <u>MERVILLE</u> State <u>NEW YORK</u> ZIP Code + 4 <u>11747</u>	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
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10. If 9 b. or 9.c. is checked give trust or employer's name. Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street _____ City _____ State _____ ZIP Code + 4 _____	11.a. Nature of such dealing. 11.b. Approximate dollar value of such dealing. _____ 12.a. Nature of interest held or income received. <u>AS TRAINING DIRECTOR - PREPARATION FOR CANCELLED OUT OF TOWN CONFERENCE - LODGING CANCELLATION CHARGE - AIRFARE CHARGED IN FULL, CREDITED FOR LATER TRAVEL DATE</u> 12.b. Amount. <u>\$286.70</u>
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C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street _____ City _____ State _____ ZIP Code + 4 _____	14.a. Nature of payment. 14.b. Amount of payment _____
13 b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	

Name of Person Filing SEAN BRENNAN	File Number U-
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B. Held an interest in or derived income or economic benefit with monetary value from a business (1) a substantial part of which consists of buying from, selling or leasing to, or otherwise dealing with the business of an employer whose employees your labor organization represents or is actively seeking to represent, or (2) any part of which consists of buying from or selling or leasing directly or indirectly to, or otherwise dealing with your labor organization or with a trust in which your labor organization is interested.

8. Name and address of Business (including trade name, if any). Name GENERAL BUILDING LABORERS LOCAL UNION No. 66 WELFARE FUND Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	9. Business deals with: <input checked="" type="checkbox"/> a. Labor Organization <input type="checkbox"/> b. Trust <input type="checkbox"/> c. Employer
10. If 9.b. or 9.c. is checked give trust or employer's name. Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	11.a. Nature of such dealing. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
	11.b. Approximate dollar value of such dealing. _____ 12.a. Nature of interest held or income received. <div style="font-family: cursive; font-size: 1.2em;"> AS TRAINING DIRECTOR - ATTENDED FUND CHRISTMAS PARTY - MEAL </div>
	12.b. Amount. \$64.72

C. Received from any employer (other than an employer covered under parts A and B above) or from any labor relations consultant to an employer any payment of money or other thing of value.

13.a. Name and address of Employer or Labor Relations Consultant (including trade name, if any). Name: _____ Trade Name, if any: _____ P.O. Box, Bldg., Room No., if any: _____ Street: _____ City: _____ State: _____ ZIP Code + 4: _____	14.a. Nature of payment. <div style="border: 1px solid black; height: 100px; width: 100%;"></div>
13.b. Is the Business an Employer <input type="checkbox"/> or Consultant <input type="checkbox"/> ?	14.b. Amount of payment. _____

**ADDENDA TO THE LM-30 FORM WHICH IS TO BE INCORPORATED AND
MADE PART OF THE LM-30 FORM FILING OF**

**SEAN A. BRENNAN
LABOR ORGANIZATION FILE NO. 026-302
SIGNED AND DATED AUGUST 11, 2005**

ADDENDUM A [PAC]

I am not reporting any benefits that I may have received from a political action committee ("PAC"). My understanding is that PACs report all receipts and disbursements under the Federal Election Campaign Act, and I do not need to report under the Labor-Management Reporting and Disclosure Act.

**ADDENDUM B [MEAL/EVENTS WITHOUT SPECIFIC RECORDS OR
RECOLLECTION]**

It is conceivable that I received the benefit of a meal, refreshment, or social event from an individual who may be employed by a reportable entity under the Labor-Management Reporting and Disclosure Act, which I did not report because I do not have any records of these encounters and have no specific recollection of any benefits.

ADDENDUM C [UNSOLICITED GIFTS - GOLF]

I recall that I received unsolicited items at a golf outing/tournament, such as a sleeve of balls, a golf club, or golf apparel, etc., in connection with a round of golf, which I have reported. At no time did I solicit such an item, and I have no specific recollection of receiving a receipt for any such item, nor knowledge as to the value of the item.

ADDENDUM D [MEALS/EVENTS WITH FRIENDS]

I have personal friendships with individuals who may be employed by reportable entities under the LMRDA, which exist separate and apart from my role as a union officer. In 2004, it is conceivable that I received the benefit of a meal, refreshment or social event from these individuals, which I did not report because I do not have any records of these personal encounters and/or have no specific recollection of any benefits received.

ADDENDUM E [UNION TO UNION BENEFITS]

I am not reporting any benefits that I may have received in 2004 from labor organizations affiliated with the Laborers' International Union of North America ("LIUNA"), or other labor organizations. My understanding of guidance received by the AFL-CIO from the US Department of Labor is that benefits received from LIUNA-affiliated labor organizations and other labor organizations are not reportable on the LM-30 report, and I am following that guidance.

August 11, 2005

U.S. Department of Labor
Employee Standards Administration
Office of Labor-Management Standards
200 Constitution Avenue, NW
Room N-5616
Washington, D.C. 20210

Re: Form LM-30 Filing for Sean A. Brennan, Labor Organization File No. 026-302

Dear Sir or Madam:

Enclosed is my Labor Organization Officer and Employee Report LM-30 for the 2004 reporting period. In filing the report, I have reviewed all of my available 2004 records as well as my recollection. I have provided my best estimate or an estimated price range for the value of the benefit received where I have no knowledge as to an exact amount.

As you know, it was not until March of this year that the Department of Labor initially announced its intention to provide additional guidance to the reporting community concerning the LM-30 report, to seek systemic compliance with these requirements, and to apply standards adopted in 2005 retroactively to 2004 as a base year in that effort. Further, the Department since that time has continued to issue and revise its compliance advice, including guidance regarding related benefit funds. My understanding is that the Department's guidance to date on LM-30 reporting is still changing and remains uncertain in various particulars.

It may be possible that a covered employer or business not listed on my LM-30 report for 2004 provided something of value as to which I have no documentary record nor any present specific recollection. In accordance with your guidance, it is my understanding that, in that circumstance, I am not required to take any further action.

This filing reflects my good faith effort to comply with the LM-30 reporting provisions and in doing so, I have relied upon the evolving guidance from the Department. The enclosed material represents my best recollection and estimate of all lawfully reported benefits that I received in 2004.

Sincerely,



Sean A. Brennan